



Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

January 24, 2012

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of South Street Liquor, 1000 South Street requesting a class D liquor license.

This location currently holds a class D liquor license but has been purchased by Amanuel Tedla.

Amanuel Tedla, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Amanuel Tedla was born in Asmara. He attended High School in Asmara graduating in 1995.

Amanuel Tedla employment history is as follows:

Present	South Street Liquor	Lincoln, NE.
2003 - 2009	Pacific Parking	Seattle, WA.
1993 - 2001	Cashier, 7-Eleven	Seattle, WA.

Mr. Tedla has been informed about the required training.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) ASENA CORPORATION DBA SOUTH STREET LIQUOR

Street Address #1 1000 SOUTH STREET

Street Address #2 _____

City LINCOLN

County LANCASTER

Zip Code 68502

Premise Telephone number 402-476-9463

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name ASENA CORP. DBA SOUTH STREET LIQUOR

Street Address #1 1000 SOUTH STREET

Street Address #2 _____

City LINCOLN

State NE

Zip Code 68502

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY

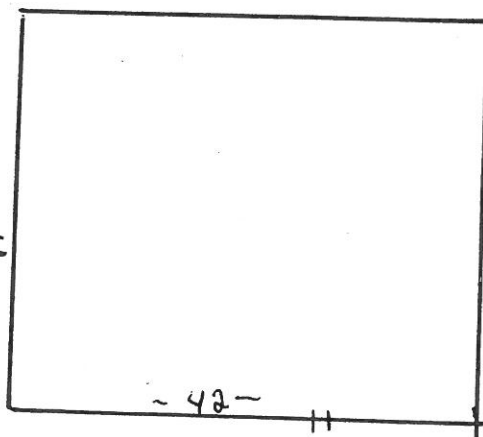
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 41 feet

Width 42 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



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**NEBRASKA LIQUOR
CONTROL COMMISSION**

One story building approximately 41 x 42 Feet
including basement area

**APPLICATION FOR TEMPORARY
OPERATING PERMIT (T.O.P.)**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

- This application must be submitted along with a completed application for liquor license
- Agreement is effective upon issuance of a Temporary Operating Permit (T.O.P.)
- Agreement is effective up to 90 days from issuance of T.O.P.

NAME OF EXISTING BUSINESS (SELLER) AND LICENSE

75044 South Street Liquor

On (date) December 12, 2011 seller and buyer entered into a contract for sale of the business known as
South Street Liquor

Purchase contract to be include with application for liquor license.

Buyer seeks to obtain a permit to allow them to operate the business under the same terms and conditions of premise licensee; subject to approval by the Nebraska Liquor Control Commission, (NLCC) for a period not to exceed 90 days.

Seller hereby declares that they are current on all accounts with all Nebraska licensed wholesaler under section §53-123.02.

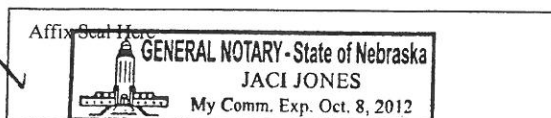
A seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense.

✓ FISEHA TESFAZION
Signature of Seller

State of Nebraska
County of Lancaster

The forgoing instrument was acknowledged before
me this 1-3-12
Date

[Signature]
Notary Public Signature

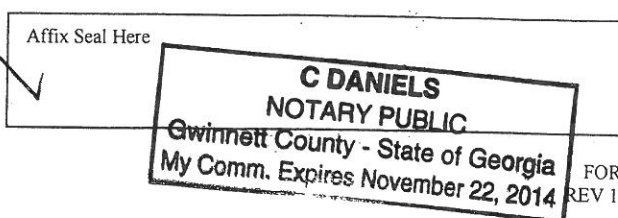


✓ Tsegaye Tedla
Signature of Buyer

State of ~~Nebraska~~ Georgia
County of DeKalb

The forgoing instrument was acknowledged before
me this 12/12/11
Date

[Signature]
Notary Public Signature



FORM 125
REV 11/2010

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
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CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
 - 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
 - 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
 - 4) Must submit their fingerprints (2 cards per person) and fees of \$38 per person, made payable to the Nebraska State Patrol
 - 5) Must be 21 years of age or older
 - 6) Applicant may be required to take a training course
- passport*
voter reg

Corporation/LLC information

Name of Corporation/LLC: ASENA CORPORATION

Premise information

Premise License Number: _____
(if new application leave blank)
Premise Trade Name/DBA: South Street Liquor
Premise Street Address: 1000 SOUTH STREET
City: LINCOLN State: NE Zip Code: 68502
Premise Phone Number: 402-476-9463

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b must sign their name below

X Toger Ted

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

12/21/11 CMB

(Faxed signatures are acceptable)

C DANIELS
NOTARY PUBLIC
Gwinnett County - State of Georgia
My Comm. Expires November 22, 2014

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: TEDLA First Name: AMANUEL MI: T

Home Address (include PO Box if applicable): 201 ADAMS # 1

City: LINCOLN County: Lancaster Zip Code: 68521

Home Phone Number: 404-263-8874 Business Phone Number: 402-476-9463 *

Social Security Numt _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: ASMARA WA

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Not Married

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
SEATTLE WA	1993	2010	SEATTLE WA N/A	1993	2010
Lincoln NE	2011	Present			

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CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1993	2001	7 ELEVEN	ALI	
2002	2008	PACIFIC PARKING	ALEX	206-852-0207

MANAGER AND SPOUSE MUST REVIEW AND ANSWER THE QUESTIONS BELOW
Please print clearly

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Amanuel Teale	2008	Seattle WA	speeding	dismissed

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☐ YES ☒ NO
IF YES, list the name of the premise.

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the **Nebraska State Patrol for \$38.00 per person**)
☒ YES ☐ NO

NEBRASKA www.dmv.ne.gov
COMMERCIAL DRIVER'S LICENSE USA NE

4a ISS **01-12-2012**
4b EXP **02-11-2012**
9 Class **A**

1 DOB
2a End **NONE**
12 Rest **NONE**
CDL Rest **K**
15 Sex **M** 16 Hgt **510** 17 Wgt **180**
18 Eyes **BRO** 19 Hair **BLK**

WITH DRIVING PRIVILEGES

1 **AMANUEL T TEDLA**
2 **201 ADAMS ST APT 01**
LINCOLN, NE 68521

Fee \$57.50

OP

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*



PASSPORT
PASSERORT
PASARORTE

UNITED STATES OF AMERICA

USA

Surname /

TEDLA
Given Names / Prénoms / Nombres

AMANUEL TESFAMARIAM

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

Place of birth / Lieu de naissance / Lugar de nacimiento

ERITREA

Date of issue / Date de délivrance / Fecha de expedición

26 Jun 2009

date of expiration / Date d'expiration / Fecha de caducidad

5 Jun 2019

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

M

Authority / Autorité / Autoridade

United States

Department of State

Department of State

USA

P<USATEDLA<<AMANUEL<TESFAMARIAM<<<<<<<<<<<<<
4477395054USA [redacted] 8M1906257530485827<612320

NEBRASKA LIQUOR
CONTROL COMMISSION

APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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NEBRASKA LIQUOR
CONTROL COMMISSION

SDS Acct #
10155128

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Tsega Tedla

Name of Corporation that will hold license as listed on the Articles

ASENA CORPORATION

Corporation Address: 1000 SOUTH STREET

City: LINCOLN State: NE Zip Code: 68502

Corporation Phone Number: 402-476-9463 Fax Number: 402-476-0070

Total Number of Corporation Shares Issued: 1000

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: TEDLA First Name: TSEGA MI: T

Home Address: 1315 "D" ST. APT # 5 City: LINCOLN

State: NE Zip Code: 68508 Home Phone Number: 206-383-4071

Tsega Tedla

Signature of President/CEO

ACKNOWLEDGEMENT

State of ~~Nebraska~~ Georgia
County of DeKalb

The foregoing instrument was acknowledged before me this

Dec 29th 2011

by Tsega Tedla

Date

name of person acknowledge

Chump

Affix Seal

C DANIELS
NOTARY PUBLIC
Gwinnett County - State of Georgia
My Comm. Expires November 22, 2014

List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Tedla First Name: Tsega MI: _____

Social Security Number: _____ Date of Birth: _____

Title: President-Secretary-Treasurer Number of Shares 1,000

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Passport
voter reg
prints
signed

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

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NEBRASKA LIQUOR
CONTROL COMMISSION

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

NOT VALID UNTIL SIGNED



UNITED STATES OF AMERICA

Type / Type / Tipo Code / Code / Código Passport No. / No. du Passeport / No. de Pasaporte
P USA 304150705

Surname / Nom / Apellidos
TEDLA

Given names / Prénoms / Nombres
TSEGA T

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

2. data de nascimento e data de nascimento

Sex / Sexe / Sexo Place of birth / Lieu de naissance / Lugar de nacimiento
F ERITREA

Date of issue / Date de délivrance / Fecha de expedición: 26 Mar 2004
Authority / Autorité / Autoridad: Charleston

Date of expiration / Date d'expiration / Fecha de caducidad **25 Mar 2014** **Passport Center**

Amendments / Modifications / Enmiendas
See Page 24

[illegible]

3041507051 USA F1403251<<<<<<<<<<<<08

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CONTROL COMMISSION